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임플란트 기반 재건 후 피부 손상을 동반한 난치성 장액종에서 유경성 복직근피판 전환술: 증례보고 및 실제 적용 적응증

(Conversion to Pedicled Transverse Rectus Abdominis Myocutaneous Flap for Refractory Seroma with Skin Compromise after Implant-Based Reconstruction: A Case Report and Practical Indications)

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Purpose: Refractory seroma accompanied by progressive skin compromise poses a critical threat to implant-based breast reconstruction. When complications persist despite repeated surgical revisions, salvage strategies must be redefined. We report a successful salvage case and propose practical indications for converting to autologous reconstruction.

Methods: A patient underwent two-stage implant-based reconstruction following a mastectomy in April 2021. The clinical course was complicated by cellulitis and refractory seroma, necessitating expander removal and capsulectomy in August 2021. After stabilization, a second tissue expander was placed in December 2022, followed by a permanent implant in December 2023 (Fig. 1). However, a recurrent refractory seroma led to skin compromise and a focal defect (Fig. 2). In February 2024, salvage surgery was performed, involving implant removal, radical capsulectomy, and complete excision of the seroma cavity, followed by reconstruction using a pedicled transverse rectus abdominis myocutaneous (TRAM) flap (Fig. 3).

Results: The postoperative recovery was uneventful, with the skin defect successfully replaced by stable, vascularized tissue. At the one-year follow-up, there was no evidence of recurrent seroma, infection, or other complications (Fig. 4).

Conclusion: Conversion to autologous reconstruction should be considered when: (1) seroma persists despite aggressive management, (2) skin compromise is progressive, or (3) a chronic cavity with pathological capsular tissue is present. In such cases, radical excision combined with a TRAM flap provides a reliable and definitive salvage solution.

Fig. 1. Clinical photographs after replacement with the second tissue expander. (A) Preoperative view with the second tissue expander in situ. (B) Postoperative view following the exchange of the second tissue expander for a permanent implant.

Fig. 2. Refractory seroma after implant-based reconstruction. Persistent fluid collection is observed despite previous interventions.

Figure 3. Intraoperative findings and surgical procedure. (A) Intraoperative view demonstrating a focal skin defect and the underlying refractory seroma cavity during the elevation of the pedicled TRAM flap. (B) Gross specimen of the excised chronic seroma cavity and the inflamed capsule.

Fig. 4. Postoperative clinical photographs after TRAM flap reconstruction. (A) Follow-up at 7 days postoperatively demonstrating stable flap integration. (B) Long-term follow-up at 13 months postoperatively, showing a stable outcome without any evidence of recurrent seroma or complications.